The Professional Development Needs of Scottish Hospital Pharmacists Beyond Foundation Training

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Abstract

Objectives - In Scotland, post-registration hospital pharmacists initially undertake a vocational Foundation Training programme. Beyond this, there are no mandatory structures for ongoing professional training. To support progression to a more advanced level, competency frameworks are increasingly being used. This study aimed to measure the self-reported competence of pharmacists against a relevant framework and to determine what support was required to enable further professional development.

Methods - A mixed methods, online survey was completed by pharmacists working across six acute hospital sites within NHS Greater Glasgow and Clyde who had completed Foundation Training between Jan 2013 and Jan 2018. Participants self-reported competency against the Royal Pharmaceutical Society's Advanced Practice Framework Advanced Stage 1 competencies and gave qualitative feedback through free text questions.

Key findings - Twenty pharmacists responded to the survey and three core areas requiring further support were identified: leadership, management and research. Participants reported that more senior support, more opportunities for development and a better understanding of the workplace vision were needed to help them provide evidence for these areas. Mentorship programmes and postgraduate qualifications were suggested as formats to support development.

Conclusion - Pharmacists working toward advanced practice reported high levels of competence in expert professional practice, collaborative working relationships and education, training and development. While these results are promising, additional support is needed to cultivate leadership, management and research skills. Future training strategies need to consider this imbalance if we are to achieve national and international workforce goals for the professional development of pharmacists.
Introduction

Since the 1980s, advances in clinical pharmacy practice have resulted in pharmacists providing more direct patient care and taking on new responsibilities.\(^1\) Such advancements come with the requirement to ensure pharmacists have the appropriate skills and knowledge. In hospital pharmacy, lifelong learning is an accepted necessary standard of practice.\(^2\) Currently, the initial post-registration development of hospital pharmacists in Scotland is supported by the Foundation Framework Training Programme.\(^3\) This vocational qualification utilises a nationally-approved competency framework developed by NHS Education for Scotland. The programme typically takes 2-3 years to complete and trainees are assessed by peer portfolio review then a scenario-based assessment. Following Foundation Training, no other mandatory formal training programmes or assessments are routinely delivered to staff in Scotland. However, individual pharmacists may opt to undertake further postgraduate studies such as the independent prescribing qualification, a clinical diploma or MSc.

Professional accreditation of advanced practice within pharmacy is a growing field and competency frameworks are increasingly being used worldwide to support this vision. Such frameworks aim to help pharmacists to identify areas in which they require further development. Examples of advanced practice frameworks include both broad generic profession-wide documents\(^4\) and sub-speciality specific frameworks that are used to set the standards required for an advanced level of practice in a particular field of practice or specialism.\(^7\)\(^-\)\(^12\) Within the UK, the Royal Pharmaceutical Society’s (RPS) Advanced Pharmacy Framework (APF) is designed to enable post-Foundation Trainees to identify areas to target for ongoing professional development.\(^5\) It sets out 3 stages of advanced practice:

- Advanced Stage 1 – Early stages of specialisation or performing well above foundation years (first 1000 days of practice following Foundation Training)
- Advanced Stage 2 – Expert in their area of practice (1000 days + of practice following Foundation Training)
- Mastery – Consultant or corporate level practice (>10 years of practice)
The APF has 34 competencies divided into 6 clusters. Each competency describes the skills a pharmacist should have to be considered as working at a particular level of practice. The APF is not specific to any sector of pharmacy practice or speciality so can be used by any qualified pharmacist.

Members of the RPS can gain recognition of their advanced stage of practice through submission of a portfolio of evidence, linked to the APF, to the RPS Faculty. Following assessment, members will receive feedback for further professional development and, if successful, relevant post-nominals.

The primary aim of this study was to measure the self-reported competence of Advanced Stage 1 practice in acute hospital pharmacists who had completed Foundation Training within the past 5 years. This group was chosen as they represent a starting point for the journey towards advanced clinical practice. The study also aimed to evaluate qualitative feedback on the additional professional development support required beyond Foundation Training.

Methods

Study Design

This was a cross-sectional study using an electronic mixed-methods survey, prepared using the software Webropol® 3.0 (Webropol UK, Rugby, UK). Participants provided demographic data then were shown the descriptors for each of the 34 competencies in Advanced Stage 1 of the RPS APF (see supplementary file for full details of the questionnaire, including an in-depth descriptor of each competency) and asked to self-report (YES/NO) whether they could currently provide evidence for each competency. Questions could not be skipped. At the end of each cluster of competencies, participants were given an optional free text question which asked what further support they would need to meet the competencies. Participants also ranked the 6 clusters in the order of level of support they required for further development (1. most support to 6. least support). Finally, a mandatory free text question asked participants to suggest a format for post-Foundation Training.
The questionnaire was assessed for face validity by an experienced RPS Faculty member. To ensure that participants who had not previously seen the framework would be able to complete the survey, it was then piloted by a pharmacist who had completed Foundation Training but was not an RPS member. This pharmacist was from a geographic area outside the study site and hence, their results were not used in the final analysis.

**Participant selection and survey distribution**

The study was conducted within NHS Greater Glasgow & Clyde (NHS GGC), Scotland’s largest autonomous integrated health authority, which provides healthcare to over 1.2 million people. The inclusion criteria for the study were pharmacists who had completed the Foundation Training programme between 1st Jan 2013 and 31st Jan 2018 and were currently employed at one of the six acute sites in NHS GGC. This time limit reflects the RPS recommendation that advanced stage 1 competencies represent the 1000 days of practice following Foundation Training. Pharmacists from the two speciality tertiary sites within NHS GGC were not included in the study due to differences in line management structure and internal communication pathways.

A link to the questionnaire was sent on 25th May 2018 by internal email for distribution by sector leads to all pharmacists working at the relevant sites. The email included a participant information leaflet which detailed the reason for the study and information regarding consent. This was followed by a Whatsapp® message to an existing pharmacy group used locally for distribution of information, which encouraged completion of the survey. An initial eligibility question was built into the survey to prevent pharmacists from completing the survey if they did not meet the inclusion criteria. In week 2, the pharmacy dispensary of each site was contacted. Staff confirmed distribution of the email and the number and identity of eligible pharmacists at each site. A survey reminder email was sent to these pharmacists. Lead pharmacists on each site were also contacted to confirm the number of eligible staff and asked to encourage survey completion. The survey closed on 18th June 2018. No
Incentives were offered for completion of the survey. Surveys were administered anonymously.

Survey analysis

Quantitative data from the demographic information and self-assessment responses were collated by AR using Microsoft Excel®. The proportion of competencies evidenced for each cluster was determined by calculating the percentage of participants who self-reported evidence for each competency then taking a mean for each cluster (AR). Free text responses were thematically analysed using conventional content analysis. Common themes were identified by coding the free text comments of individual respondents in an iterative manner (AR). Themes were also independently coded by a second author (PF). The team (AR, PF) then met to review and refine the themes before producing the final results.

Ethics

The study formed part of a local pharmacy service education and training review. As such, the West of Scotland Research Ethics Service Scientific Officer advised that NHS ethical review was not required.

Results

Demographic Information

Twenty of the twenty-eight eligible pharmacists completed the survey (71.4%). There were 13/20 (65%) female participants and 19/20 (95%) participants were under 30 years old. Further characteristics are described in Table 1. Before participating in this survey, 14/20 (70%) participants had not read the APF.

Self-Assessment of Competencies
The self-reporting of competence in Cluster 1 (Expert Professional Practice) and Cluster 2 (Collaborative Working Relationships) was high, with an overall proportion of competencies evidenced by the study participants of 96% and 98% respectively (Figure 1). In Cluster 1, 18/20 and in Cluster 2, 19/20 participants could provide evidence for all competencies. Cluster 5 (Education, Training and Development) also scored highly with 90% of competencies evidenced overall. All individual competencies scored ≥90% except Educational Policy (65%). In Cluster 5, 12/20 participants could provide evidence for all competencies.

For Cluster 3 (Leadership), participants could provide evidence for 67% of the competencies. Competency rates for individual elements ranged from 45% for Workplace vision to 90% for Motivational. In Cluster 3, 5/20 participants could provide evidence for all competencies. Cluster 4 (Management) had the lowest proportion of competencies evidenced across all participants at 48%. This ranged from 15% for Working Across Boundaries to 85% for Standards of Practice. In Cluster 4, 3/20 participants could provide evidence for all competencies. For Cluster 6 (Research & Evaluation) participants could provide evidence for 57% of competencies. This ranged from 40% for Evaluates Research Protocols to 80% for Critical Evaluation. In Cluster 6, 6/20 participants could provide evidence for all competencies. Three of these six participants had completed an MSc.

When asked to rank which RPS clusters participants required most support in developing, Management was the most commonly requested area for support with an average rank of 2.1. This was followed by Leadership at 2.4 and then Research & Evaluation at 3.0. Participants reported that they required less support with: Collaborative Working Relationships (4.5); Expert Professional Practice (4.6) and Education, Training and Development (4.6).

**Qualitative Analysis**

**Type of support required**
When participants were asked what support would enable them to provide evidence for further competencies, 3 main themes emerged. The first was a need for more clarity about the workplace vision (5 participants and 9 quotes).

’Someone to explain what "the workplace vision" is’ Participant F under Cluster 3 Leadership

‘Need to understand what the workplace vision is!’ Participant S under Cluster 3 Leadership

The second was a need for more opportunities (5 participants and 13 quotes). Participants often expressed concern about not being able to develop their practice through lack of opportunity or constraints of the current service preventing opportunities being possible.

‘I have the competency to perform specialist clinical pharmacy roles but my capacity for such tasks is severely hampered by poor staffing’ Participant B under Cluster 1 Expert Professional Practice

‘No opportunity to plan >3 months in advance’ Participant G under Cluster 4 Management

The final theme was more senior colleague support (6 participants and 10 quotes). Participants described a need for more senior support, at both a local and an organisational level, to facilitate progression to advanced practice.

‘My directorate do a decent job of this but need more senior support to deliver a continually good pharmacy service’ Participant A under Cluster 4 Management

Participant quotes most commonly occurred in relation to the Leadership cluster (31%). This was followed by Research & Evaluation (22%), Management (16%), Collaborative Working Relationships (13%), then finally Expert professional Practice and Education, Training and Development (both 9%).

Format for Support

Three clear themes emerged when participants were asked what format future support should take. The requirement for more senior colleague support and management (12 participants and 18 quotes) was seen again. Specific comments related to support to take on advanced roles (e.g.
attending multidisciplinary team meetings, independent prescribing and research) and additional responsibilities. There were also requests for appraisals, case-based discussions and peer discussions.

‘Better standard of workplace appraisals...’ Participant K

‘a more defined development plan within the job role’ Participant Q

Mentorship was the second crucial theme expressed (11 participants and 11 quotes) with participants requesting an allocated tutor following foundation training or to be part of a mentorship programme.

‘I believe everyone should be assigned a tutor ... to provide informal discussions 2-3 times yearly and set some goals for pharmacists’ Participant A

‘A one to one peer mentoring scheme. A trainee would be assigned to a more senior pharmacist and draw up a professional development plan and set tasks/goals to be met over a set period of time.’ Participant C

The final theme was post-graduate qualifications (5 participants and 8 quotes).

‘I believe professional development should lead to additional qualifications rather than being solely competency based (e.g. stage two, faculty). There is a greater sense of accomplishment achieving formal qualifications rather than a competency based system and these can be recognised by non-pharmacists as an achievement.’ Participant B

Discussion

The results of this survey provide important information about the self-reported competency of a cohort of hospital pharmacists as they transition from foundation to advanced practice. Leadership, management and research skills were the clusters with the greatest unmet competence. To improve the transition to advanced practice, participants expressed a need for more senior support, the creation of opportunities and a defined workplace vision. Mentorship programmes and postgraduate qualifications were suggested as potential future formats to support development.
Strengths & Limitations

This is the first published study in the UK to address the professional development needs of pharmacists as they begin their journey towards advanced clinical practice, independent of the area of specialism. The use of the RPS APF, as a nationally recognised measure, delivers a result which is relevant and understandable across the entire UK. The mixed method approach allowed a more detailed exploration of the professional development needs of this particular group. This method provides more comprehensive answers than solely quantitative studies. As well as identifying key areas for development, participants were able to express how to approach development in these areas. Similarities in results of both methods used, such as the 3 clusters identified as having the greatest unmet competence in the quantitative results being the same 3 areas where respondents were most likely to detail a type of support required in the qualitative results, gives strength to the comprehensiveness of this study.

This was a single-site study with small overall participant numbers, which may limit its generalisability. The study did not assess individuals who did not undertake or failed to complete their Foundation Training, so the needs of these groups may be different. This study also only measured progression from Foundation practice to Advanced Stage 1. Further work would need to be conducted to establish whether pharmacists were progressing to Advanced Stage 2 competencies after 5 years.

Context

There is limited published literature regarding the use of advanced practice competency frameworks to self-assess competency in pharmacists. Researchers in Australia have used self-reporting of competency against their own version of the advanced practice framework. These studies show a current lack of awareness of advanced practice frameworks. This issue was also demonstrated in the
present study since only 30% of respondents recorded having seen the APF prior to participating in the survey. Similar reasons for working below advanced practice, i.e. not having post-graduate qualifications, lack of years of experience or lack of experience in different areas, were identified in the present study. Improvements in competency over time have been demonstrated in Foundation Trainee pharmacists, across all sectors of pharmacy practice, through using frameworks developed for their stage of professional development.\textsuperscript{17,18} It would be hoped that the same theory could be applied to advanced practice. This study supports this approach as it has shown that the advanced practice framework can be used to identify areas for professional development.

Competency in leadership was highlighted as lacking. CPD tools for developing leadership skills have been trialled in Foundation trainees\textsuperscript{19} but the present study shows a need for support beyond the Foundation level. Research skills were also lacking. A previous study of Scottish pharmacists highlighted that more barriers to participation in research exist beyond the need for postgraduate qualifications, such as prioritisation and practical support.\textsuperscript{20} Although postgraduate qualifications were valued by the present study's participants, completion of an MSc was not always sufficient for participants to provide evidence for all competencies within the research cluster.

Policy, practice and research implications

Two important, imminent changes will affect the professional development of pharmacists in Scotland over the next few years; revalidation and the development of a national career framework. Changes to how regulatory bodies in the UK assess the fitness to practice of healthcare professionals has led to the creation of an annual revalidation process for pharmacists.\textsuperscript{21,22} The results of the present study will raise awareness of potential areas of widespread underdeveloped practice amongst individual pharmacists and line managers, thus facilitating discussions and peer support during these revalidation processes.
The Scottish pharmacy career framework will also help to standardise the future training and assessment of professional competence. The results of the present study will aid strategic leaders in formulating this framework and in understanding the key development needs of the workforce beyond Foundation Training, specifically in leadership, management and research. Other examples of international frameworks, such as the Australian Advanced Practice Framework, group leadership and management within the same domain. The potential for co-development of competency between these closely related clusters should be further examined, especially during the development of the new Scottish national career framework.

In a global sense, frameworks are increasingly being designed to develop pharmacist’s skills to an advanced level of practice. The workforce development goals of the International Pharmaceutical Federation (FIP) support the use of competency frameworks for professional development. Leadership is also set as a specific development goal by the FIP, which advocates the creation of training programmes and mentoring systems, linked to competency frameworks in early career development, to achieve this goal. These recommendations echo the findings of our results. As advancement of the pharmacy workforce is considered by the FIP as a basis to enhance patient care, the current study helps to provide direction around how this can be achieved.

Conclusions

This study has demonstrated that as pharmacists progress to working at an advanced level, some areas of professional practice are more deficient than others. Encouragingly, high self-reporting of competency in Expert Professional Practice and Collaborative Working Relationships provides a strong basis for pharmacists taking on new and specialist roles. However, senior support, the availability of opportunities and a clearer professional vision are all vitally important to aid ongoing development. Mentorship programmes should be considered alongside attainment of postgraduate qualifications to help achieve this. Future professional development programmes need a holistic
approach with specific focus on management and leadership training, as despite recognition from national and international strategies, these skills seem to be underdeveloped in many pharmacists.

Declarations

Conflicts of interest

The Author(s) declare(s) that they have no conflicts of interest to disclose.

Funding

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References


### Figures and Tables

**Table 1** Characteristics of the pharmacists who participated in the survey.

<table>
<thead>
<tr>
<th>Demographic Data</th>
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<td>Gender</td>
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<tr>
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<td>13</td>
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<tr>
<td>Age</td>
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<td>&gt; 10 years</td>
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<tr>
<td>Band 7</td>
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<td>Postgraduate qualifications</td>
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<td>Independent Prescriber</td>
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<td>MSc Advanced Clinical Practice</td>
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Figure 1 Proportion of participants (%) who self-reported evidence of competence for the APF clusters and each individual competence (n = 20).
Supplementary Files

Figure S1 Copy of study questionnaire.
**Professional Development Post Stage 2 Training**

1. Did you complete NES Vocational Training (Stage 2) between January 2013 and January 2018?
   - Yes
   - No

2. Demographic Information
   - What is your gender?
     - Male
     - Female

3. What is your age?
   - 21 - 30 years
   - 31 - 40 years
   - 41 - 50 years
   - 51 - 60 years
   - 61 years +

4. How many years have you been qualified as a pharmacist?
   - < 1 year
   - 1 - 2 years
   - 2 - 5 years
   - 5 - 10 years
   - 10 years +

5. How many years experience do you have in hospital practice?
   - < 1 year
   - 1 - 2 years
   - 2 - 5 years
   - 5 - 10 years
   - 10 years +

6. Your Current Role
   - Which hospital site are you predominately based?
     - Glasgow Royal Infirmary
     - Queen Elizabeth University Hospital / Royal Hospital for Children
     - Gartnavel General Hospital
     - Royal Alexandra Hospital
     - Inverclyde Hospital

7. What is your current agenda for change band?
   - Band 6
   - Band 7
   - Band 8
8. Which directorate do you work in?
   - ECMS
   - Surgery and Anaesthetics
   - Care of the Elderly
   - Women and Children’s
   - Regional
   - Rotational
   - Non-directorate

9. Is your current role predominately?
   - Patient Facing
   - Non-Clinical
   - A split post with patient facing and non-clinical commitments

10. Are you employed?
    - Full-time
    - Part-time

11. Do you have any of the additional post-graduate qualifications? (Tick all that apply)
    - Clinical Diploma
    - Independent Prescribing
    - MSc Clinical Pharmacy

12. Within the next 1 year, do you plan to start or are you currently undertaking any of the following post-graduate qualifications? (Tick all that apply)
    - Clinical Diploma
    - Independent Prescribing
    - MSc Clinical Pharmacy

13. Are you a member of the Royal Pharmaceutical Society (RPS) Faculty?
    - Yes
    - No but I am a RPS member
    - No and I am not an RPS member

14. The following questions are based on the 6 clusters of the RPS Advanced Pharmacy Framework.
    Prior to completing this survey have you read or used the framework?
    - Yes, I have read the framework and I have used it
    - Yes, I have read the framework but I have not used it
    - No, I have not read the framework
15. Cluster 1. Expert Professional Practice
For the following competency descriptions please tick all that you feel you can currently provide evidence for:

- Demonstrates general pharmaceutical skills and knowledge in core areas (areas common for current role) and can plan, manage, monitor, advise and review general pharmaceutical care programmes
- Demonstrates accountability for delivering professional expertise and direct service provision as an individual
- Demonstrates ability to use skills in a range of routine situations requiring analysis or comparison of a range of options
- Recognises priorities when problem-solving and identifies deviations from the normal pattern
- Is able to follow legal, ethical, professional and organisational policies/procedures and codes of conduct
- None of the above

16. What further support (if any) do you feel would enable you to complete these competencies?

For the following competency descriptions please tick all that you feel you can currently provide evidence for:

- Demonstrates use of appropriate communication to gain the co-operation of relevant stakeholders (including patients, senior and peer colleagues and other healthcare professionals)
- Demonstrates ability to communicate where the content of the discussion is explicitly defined
- Demonstrates ability to work as a member of a team
- Recognises personal limitations and refers to more appropriate colleague(s) when necessary
- None of the above

18. What further support (if any) do you feel would enable you to complete these competencies?

19. Cluster 3. Leadership
For the following competency descriptions please tick all that you feel you can currently provide evidence for:

- Demonstrates understanding of the needs of stakeholders
- Practice reflects relevant local and national policy
- Demonstrates understanding of the pharmacy role in governance and implements appropriately
- Demonstrates understanding of, and contributes to, the workplace vision
- Demonstrates ability to improve the quality within limitations of the service
- Reviews last year's progress and develops clear plans to achieve results within priorities set by others
- Demonstrates ability to motivate self to achieve goals
- None of the above
20. What further support (if any) do you feel would enable you to complete these competencies?

For the following competency descriptions please tick all that you feel you can currently provide evidence for:
- Demonstrates understanding of the implications of national priorities for the team and/or service
- Demonstrates understanding of the process for effective resource utilisation
- Demonstrates understanding of, and conforms to, relevant standards of practice
- Demonstrates ability to identify and resolve risk management issues according to policy/protocol
- Follows professional and organisational policies/procedures relating to performance management and refers to colleagues as appropriate
- Demonstrates understanding of the principles of project management
- Demonstrates understanding of the principles of change management
- Demonstrates ability to think 4-12 months ahead within a defined area.
- Demonstrates ability to extend boundaries of service delivery within the team
- None of the above

22. What further support (if any) do you feel would enable you to complete these competencies?

23. Cluster 5. Education, Training and Development
For the following competency descriptions please tick all that you feel you can currently provide evidence for:
- Understands and demonstrates the characteristics of a role model to members in the team and/or service
- Demonstrates understanding of the mentorship process
- Demonstrates ability to conduct teaching and assessment effectively according to a learning plan with supervision from a more experienced colleague
- Demonstrates self-development through continuous professional development activity
- Participates in the delivery of formal education programmes
- Demonstrates an understanding of current educational policies relevant to working area of practice
- None of the above

24. What further support (if any) do you feel would enable you to complete these competencies?

25. Cluster 6. Research
For the following competency descriptions please tick all that you feel you can currently provide evidence for:
- Demonstrates ability to critically evaluate and review literature
- Demonstrates ability to identify where there is a gap in the evidence base to support practice
- Demonstrates ability to describe the core features of research protocols
- Demonstrates ability to generate evidence suitable for presentation at local level
- Demonstrates ability to apply the research evidence base into working practice
- Demonstrates understanding of the principles of research governance
26. What further support (if any) do you feel would enable you to complete these competencies?

27. Following the previous exercise, please rank the RPS clusters in order of level of support you feel you require to allow personal development.

(1 - most support to 6 - least support)

- Expert Professional Practice
- Collaborative Working Relationships
- Leadership
- Management
- Education, Training and Development
- Research & Evaluation

28. What format do you believe professional development support post VT2 should take?

29. Thank you for taking the time to complete this survey. If you have any comments on your experience of professional development post VT2 please comment below.

30. Following the results of this survey there may be a focus group or further survey. If you would like to be a part of this please include your email address in the box below.